anesthesia. Epileptic attacks. Circular form of insanity. Death due to cerebral hemorrhage.

Autopsy. The right hemisphere is the seat of a large hemorrhage, affecting all the neighboring parts and extending beyond the median line. There is no cortical lesion. Left hemisphere appears intact. A small hemorrhage is found in the first temporal convolution. A large hemorrhagic focus, in part cystic, in the middle part of the island of Reil, extending to the *pli-courbe* and limited to the white matter except at the point noted before. The two hemorrhages are almost symmetrical. A series of sections made by the method of Pitrés shows the localization of the lesion to be sub-cortical. (Photographs of these sections are given in the article).

The aphasia is thus described: The patient knows what she wishes to say spontaneously and that which she should say in answer to the questions. The transference is formed irregularly, at times by abnormal paths, at other times by the habitual paths, parts of which have been destroyed. The aphasia of conduction best describes the condition. No definite localization could be determined in this case, but the lesion being confined to the white matter makes the theory of the sub-cortical origin of amnesic aphasia very probable.

The second case is briefly that of a woman fifty-nine years old. Incomplete hemiplegia on left side with hemicontracture. Generalized pareto-spasmodic condition. Dysarthria. Paraphasia. Amnesic aphasia. The patient cannot name most of the objects shown to her. She describes them, defines or indicates their nature. Her sentences are incomplete and badly constructed. No word deafness. Dementia, and great irritability. This condition approaches that of the first case and its localization is as doubtful. SCHWAB.

114 UEBER SPINALEPILEPSIE (Paramyoclonus and Epilepsy). Bresler (Neurol. Centralblat, 1896, XV, 1015).

History of brother and sister: I.—Female, age 26, consultation 1893. For past four years has been helpless, unable to earn living. Her disease began at the age of 6 years, at about the same time as her brother's, he being much older. There were first twitchings in face and limbs, next epileptiform attacks. Development good, no deformities. Mental faculties good. Face exhibits many scars from falls. During examination muscular twitchings increased in violence. Twitchings especially marked during voluntary muscular effort. Epileptic attacks very numerous, often several in a day. The back muscles twitch so violently that patient is nearly flung from her chair. The movements are like electric shocks. At present patient must be bathed, fed, and dressed. Patient much depressed over her condition. Careful testing of reflexes, special senses, pupils, conformation of bones, etc., shows no anomaly. Headache frequently occurs, with tender infra- and supra-orbital points. The muscles, so frequently in use, are not increased in volume, but seem soft and weak. There are "good" and "bad" periods of perhaps fourteen days' duration. Mental faculties now exhibit weakened memory and judgment, with irritability and quarrelsomeness. The author saw two epileptic attacks, one of which was mild in degree, and was immediately followed by movements like habitual twitchings. Convulsions, etc., were alike on each side. This patient died of hypostatic pneumonia. Autopsy:—Skull bones not thickened; dura of convexity adherent to bone; pia very delicate, transparent everywhere; vessels only moderately filled; at the apex of the frontal brain, on both sides, were two symmetrical defects the size of a pea; ventricle not dilated; cerebral substance firm, uniform, but slightly moist; fatty heart, kidneys and liver.

II.—Brother of preceding, age 33. Normal development. Disease began when 12 years old, first with twitchings, later followed by convulsions and loss of consciousness. The twitchings gradually became so violent that patient was obliged to leave school. He is a large and powerful man of good mental power. The twitchings prevent speech to some extent. There is difficulty in stair-climbing. If anyone goes to his help the convulsions become worse. Many scars on face from falls during epileptic paroxysms. Sometimes he has several of these a day. In the course of time the patient's mind became quite weak, while in body he was helpless, and had to be fed and dressed. Finally, he developed some kind of fever and died with symptoms of paralysis of the brain. Autopsy:—No focal disease of brain; pia of central convolutions cloudy; convolutions, especially of occipital lobes, flattened; high degree of fatty heart.

Both patients gained considerably in weight under Flechsig's treatment, while the convulsions were brought to a standstill. Bresler concludes by calling this complication of epilepsy spinal epilepsy, or epilepsy of spinal origin. He quotes experimental evidence in connection with excitation of the cord (Brown-Sequard, Nothnagel, Unverricht). CLARK.

115 PARECCHI CASI DI MIOCLONIE, LA MAGGIOR PARTI FAMILIARI (Cases of Myoclonus, Mostly Family Cases). D'Alloco (Riforma medica, 1897, I, p. 223).

The author has studied in all 24 cases of myoclonus, and of these 19 occurred in family groups. These cases are briefly described in detail. In a summary the author recapitulates each case and attempts to look upon a number of them as combinations of epilepsy with myoclonus.

First Family Group. Patient No. 1, aged 9 years, male. During the previous year received a blow on the head. One month later a rotary vertigo while at mass, lasting a few moments. A few days later a well-marked attack of petit mal with sensory aura, a fall and loss of consciousness. No mention of convulsions. A similar attack three days later. When examined it was observed that he was affected by clonic fibrillary twitchings, sudden in character, which at times provoked muscular movements of the limbs. These twitchings were especially marked on the abdomen, nates, sides, back, and chest; less marked on the extremities. They were increased with the emotions. Muscular strength well preserved. Reflexes diminished. Numerous stigmata of degeneration were present. The three sisters of the patient, all myoclonic, are not mentioned as having epilepsy. But the contrary is not stated either.

Second Family Group. First patient, a girl aged 10 years. First, she had persistent headache, then one month later, psychical disturbances, ecstasy, hallucinations, etc. There were also attacks of unconsciousness and falling, but no distinct convulsions. Several of these seizures occurred in succession. On examination the usual symptoms of myoclonus were seen to be present. Possible stigmata of degeneration, but intelligence superior. No evidence of psychical disturbances. The patient's brother, aged 14, is also a myoclonic—no mention of epilepsy—and is free from stigmata.

Third Family Group. First patient, a boy aged 5 years, presents numerous features of interest, his case being described at considerable length. Neuropathic inheritance. When he was eight months old